#### 1A. Continuum of Care (CoC) Identification

#### Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time.

CoC Name and Number (From CoC IN-502 - Indiana Balance of State

Registration):

CoC Lead Organization Name: Indiana Housing and Community Development

Authority

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#### 1B. Continuum of Care (CoC) Primary Decision-Making Group

#### Instructions:

The following questions pertain to the primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the CoC, including, but not limited to, the following types of activities: setting agendas for full Continuum of Care meetings, project monitoring, determining project priorities, and providing final approval for the CoC application submission. This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: InterAgency Council on Homelessness

**Indicate the frequency of group meetings:** Quarterly

**Indicate the legal status of the group:** Not a legally recognized organization

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)

\* Indicate the selection process of group members: (select all that apply)

Elected:
Assigned:
Volunteer:
Appointed: X
Other:

Specify "other" process(es):

Members of the Inter Agency Council are appointed by the Governor.

Briefly describe the selection process including why this process was established and how it works.

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State agencies are the primary members of the Inter Agency Council. Each participating state agency appoints a person to serve on the Council. Additionally, four statewide homeless advocacy organizations are also appointed as partner agencies to serve the interests of those who are homeless. Other partner agencies serving on the council are federal agencies such as Housing and Urban Development and Social Security Administration. Appointment by the Governor ensures that ending homelessness is important to the state. This process was established to ensure that homelessness in the state was addressed comprehensively by all the key entities with the capacity, ability and resources.

*	Indicate	the selection	process	of group	leaders:
(5	select all	that apply):	-		

Elected:
Assigned:
Volunteer:
Appointed: X
Other:

#### Specify "other" process(es):

If HUD could provide administrative funds to the CoC, would the primary decision-making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring? Explain.

The Indiana Housing and Community Development Authority (IHCDA) serves as the designee to the Inter Agency Council on Homelessness to apply for HUD funding. It has the capacity to apply, serve as a grantee, provide project oversight and monitor projects given the necessary administrative funds. Three IHCDA staff are currently responsible for many of the activities, including applying for HUD funding and providing some project oversight. The same staff are also responsible of monitoring other homeless programs in the state and have the experience to monitor and provide oversight for the projects. IHCDA receives and manages various federal and state funds including funding from HUD and has fiscal responsibility for these funds. For instance, IHCDA currently administers HOME, CDBG and HOPWA funds from the award phase to compliance and closeout.

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List the name and role of each CoC planning committee. To add committees to this list, click on the icon and enter requested information.

Name	Meeting Frequency
Homeless Task Force	Bi-monthly
Data Advisory Group	Monthly or more
Indiana Permanent	Bi-monthly
Inter Agency Coun	Quarterly
Transitions from	Quarterly
Coalition for Aff	Quarterly
Home Team	Quarterly
Continuum of Care	Bi-monthly
Region 2 Continuu	Bi-monthly
Northeast Indiana	Quarterly
Homelessness Prev	Quarterly
Howard County Cou	Bi-monthly
Region 6 Continuu	Quarterly
Vigo County Homel	Bi-monthly
Boone County Soci	Bi-monthly
South Central Hou	Bi-monthly
Continuum of Care	Quarterly
Region 11 Continu	Bi-monthly
Policy and Planni	Bi-monthly
Southern Indiana	Bi-monthly
Richmond CoC	Monthly or more

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Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Homeless Task Force Group:

Indicate the frequency of group meetings: Bi-monthly

#### Describe the role of this group:

One of the primary roles of the group is to develop the steps in implementing the state's plan to end homelessness.

- It coordinates the needs assessment for developing housing and other homeless resources.
- It is responsible for creating a plan for a pipeline for housing and related resources.
- It creates, publicizes and invites applications for new projects.
- This group is responsible for drafting policies to evaluate projects within the CoC.
- It evaluates new project proposals to make recommendations to the IAC.
- It coordinates the evaluation of projects to the CoC for McKinney- Vento funds.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Data Advisory Group Group:

Indicate the frequency of group meetings: Monthly or more

#### Describe the role of this group:

This is the primary group with the responsibility for data collection and monitoring data quality. The specific roles are:

- To develop HMIS policies and protocols.
- To provide support to the HMIS lead agency
- To plan and coordinate the Point In Time counts.
- To coordinate the assessment of data needs and uses.
- To coordinate, review and publish the statewide report on homelessness.

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Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Indiana Permanent Supportive Housing Initiative

**Group:** Planning Group

Indicate the frequency of group meetings: Bi-monthly

**Describe the role of this group:** 

IHCDA, the Department of Corrections, Members of the Mental Health Transformation Work group, and the Division of Mental Health and Addiction work together to develop a mix of housing and service funding. The agencies work with the Office of Medicaid Planning and Policy to identify funding gaps and develop alternative funding to fill gaps. IHCDA and the Corporation for Supportive Housing work with other state agencies, private foundations, and for profit organizations to leverage additional resources.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Inter Agency Council on Homelessnes Group:

Indicate the frequency of group meetings: Quarterly

#### Describe the role of this group:

The Inter Agency Council brings decision makers from state agencies and key stakeholders to improve coordination and collaboration to formulate a statewide response to homelessness. The specific roles are -

- to promote coordination among state agencies and those who provide services to the homeless
- to identify gaps in housing and services
- to identify resources that can be used for the benefit of those who are homeless
- to encourage full service provider participation in the statewide Continuum of Care Network

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Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Transitions from Prisons to Communities

**Group:** Initiative - Working Group

**Indicate the frequency of group meetings:** Quarterly

Describe the role of this group:

This group's primary responsibility is developing the protocol for discharge planning from corrections. Additionally, the group works on housing and other work options for ex-offenders.

#### Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Coalition for Affordable Housing Group:

**Indicate the frequency of group meetings:** Quarterly

Describe the role of this group:

This planning group in Region 1 addresses homeless and affordable housing issues, plans new projects and priorities. It participates in the annual Homeward Bound homeless walk fundraising event for the region's homeless service providers.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

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Name of Committee/Sub-Committee/Work Home Team Group:

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

This is a committee of the Region I CoC which coordinates the local PIT count and other data for the region.

#### Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Continuum of Care Network Northwest

Group:

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

This group is the planning committee for Region IA that addresses current homeless issues, sets policies for the region and determines fund raising priorities.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Region 2 Continuum of Care Group:

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

This planning group for the region is responsible of reviewing and adopting the statewide plan to end chronic homelessness; develop local priorities based on the plan; and collect local data on homelessness.

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Northeast Indiana Council on Housing and

**Group:** Homelessness

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

This is the planning body for Region 3 which guides the community's progress toward meeting the goals of the 10-year Plan; monitors local projects; and determines local priorities. The Steering Committee for the group is responsible for setting the agendas and coordinating the progress of its sub-committees.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Homelessness Prevention and Intervention

**Group:** Network of West Central Indiana

**Indicate the frequency of group meetings:** Quarterly

Describe the role of this group:

This is the regional planning group for Region 4 that identifies service levels and gaps; assists in coordinating services; provides public education on homelessness and helps organize the collective homeless walk fundraiser.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

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Name of Committee/Sub-Committee/Work Howard County Council of Social Service

**Group:** Agencies

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

This planning group in Region 5 addresses local human service needs; understands gaps and trends around homelessness, housing and supportive services. It is also responsible for regional data collection and setting local priorities.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Region 6 Continuum of Care Group Group:

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

This planning group for Region 6 determines local project priorities and participates in the Homeward Bound homeless walk.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Vigo County Homeless Coalition Group:

**Indicate the frequency of group meetings:** Bi-monthly

Describe the role of this group:

This planning group in Region 7 focuses on developing additional permanent housing while determining local project priorities.

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Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Boone County Social Service Network Group:

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

This group from Region 8 is responsible for coordinating the local needs assessment and setting local priorities.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work South Central Housing Network Group:

**Indicate the frequency of group meetings:** Bi-monthly

Describe the role of this group:

This is the lead entity for Region 10, provides oversight to the fundraising and family homeless subcommittees, and conducts the homeless count.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Continuum of Care Committee Group:

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

This group in Region 10 coordinates and provides oversight for the local CoC process including conducting project reviews.

#### Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Region 11 Continuum of Care Group:

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

This group addresses current local issues on homelessness, educates the public and coordinates the sub-committees on homeless persons with mental illness and ex-offender re-entry.

# Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Policy and Planning Council for Homeless

**Group:** Services

**Indicate the frequency of group meetings:** Bi-monthly

Describe the role of this group:

The group is the lead entity in Region 12 providing oversight for sub-committees on training, project evaluation, data/education, progress on the 10-year Plan, permanent supportive housing and discharge planning.

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Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Southern Indiana Housing Initiative

Group:

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

The lead entity in Region 13 is responsible for local planning and prioritization and data collection.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Richmond CoC Group:

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The purpose of the CoC is to focus on re-entry, discharge from local State Hospital, permanent supportive housing, and revitalization of distressed neighborhoods.

#### 1D. Continuum of Care (CoC) Member Organizations

#### Identify all organizations involved in the CoC planning process. To add an organization to this list, click on the icon.

Organization Name	Membership Type	Org aniz atio n Typ e	Organization Role	Subpop ulations
Indiana Division of Child Services	Public Sector	Stat e g	Attend Consolidated Plan planning meetings during past 12	Youth
Indiana Division of Family Resources	Public Sector	Stat e g	Lead agency for 10-year plan, Attend 10-year planning mee	NONE
Social Security Administration	Public Sector	Othe r	Committee/Sub-committee/Work Group, Attend 10-year planni	NONE
Job Source and Employment	Public Sector	Stat e g	Committee/Sub-committee/Work Group, Attend 10-year planni	NONE
Work One	Public Sector	Stat e g	Committee/Sub-committee/Work Group, Attend 10-year planni	NONE
Indiana Department of Mental Health	Public Sector	Sch ool 	Committee/Sub-committee/Work Group, Lead agency for 10-ye	Seriousl y Me
Lake County Veterans Administration	Public Sector	Loca I g	Committee/Sub-committee/Work Group	Veteran s
Gary Department of Community Development	Public Sector	Loca I g	Committee/Sub-committee/Work Group	NONE
Hammond Dept. of Economic Development	Public Sector	Loca I w	Committee/Sub-committee/Work Group	NONE
East Chicago Dept. of Housing and Redevelopment	Public Sector	Loca I g	Committee/Sub-committee/Work Group, Authoring agency for	NONE
Gary Human Relations Commission	Public Sector	Loca I g	Committee/Sub-committee/Work Group	NONE
Gary Commission on Women	Public Sector	Loca I g	Committee/Sub-committee/Work Group	Domesti c Vio
City of Portage, Planning Department	Public Sector	Loca I g	Committee/Sub-committee/Work Group	NONE
Michigan City Township Trustee	Public Sector	Loca I g	Committee/Sub-committee/Work Group	NONE
City of Elkhart	Public Sector	Loca I g	Committee/Sub-committee/Work Group, Attend Consolidated P	NONE
City of Goshen	Public Sector	Loca I g	Committee/Sub-committee/Work Group, Attend Consolidated P	NONE
Wayne Township Trustees	Public Sector	Loca I g	Committee/Sub-committee/Work Group	NONE
Fort Wayne/Allen County Dept. of Health	Public Sector	Loca I g	Committee/Sub-committee/Work Group	NONE
Community Development Lafayette	Public Sector	Loca I g	Committee/Sub-committee/Work Group	NONE

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Indiana Housing and Community Development Authority COC_REG_v			_000289	
Fairfield Township Trustee	Public Sector	Loca I g	Committee/Sub-committee/Work Group	NONE
City of Kokomo	Public Sector	Loca I g	Committee/Sub-committee/Work Group, Authoring agency for	NONE
Anderson Township Trustee	Public Sector	Loca I g	Committee/Sub-committee/Work Group	NONE
Center Township Trustee	Public Sector	Loca I g	Committee/Sub-committee/Work Group	NONE
City of Terre Haute Redevelopment	Public Sector	Loca I g	Committee/Sub-committee/Work Group	NONE
City of Bloomington-Community and Family Resources	Public Sector	Loca I g	Committee/Sub-committee/Work Group	NONE
City of Bloomington-Housing and Neighborhood De	Public Sector	Loca I g	Committee/Sub-committee/Work Group, Authoring agency for	NONE
Monroe County Child Protective Services/DCS	Public Sector	Stat e g	Committee/Sub-committee/Work Group	Youth
Blue River Township Trustee	Public Sector	Loca I g	Committee/Sub-committee/Work Group	NONE
Clerk of City of Franklin	Public Sector	Loca I g	Committee/Sub-committee/Work Group	NONE
Bartholomew County Commissioners	Public Sector	Loca I g	Committee/Sub-committee/Work Group	NONE
Union Township Trustee	Public Sector	Loca I g	Committee/Sub-committee/Work Group	NONE
City of Evansville, Dept of Metropolitan Develo	Public Sector	Loca I g	Committee/Sub-committee/Work Group	NONE
Legal Aid Society	Public Sector	Loca I g	Committee/Sub-committee/Work Group	NONE
New Albany Redevelopment Commission	Public Sector	Loca I g	Committee/Sub-committee/Work Group, Attend Consolidated P	NONE
East Chicago Public Housing Authority	Public Sector	Publi c	Committee/Sub-committee/Work Group, Attend Consolidated P	NONE
Michigan Clty Housing Authority	Public Sector	Publi c	Committee/Sub-committee/Work Group	NONE
Fulton County Housing Authority	Public Sector	Publi c	Committee/Sub-committee/Work Group, Attend Consolidated P	NONE
Indiana Housing and Community Development Autho	Public Sector	Stat e g	Committee/Sub-committee/Work Group, Authoring agency for	NONE
Indiana Department of Education	Public Sector	Stat e g	Committee/Sub-committee/Work Group, Lead agency for 10-ye	Youth
Indiana State Department of Health	Public Sector	Stat e g	Committee/Sub-committee/Work Group, Lead agency for 10-ye	NONE
Disability Determination Bureau	Public Sector	Stat e g	Committee/Sub-committee/Work Group, Lead agency for 10-ye	NONE
Office of Faith-based and Community Initiatives	Public Sector	Stat e g	Committee/Sub-committee/Work Group, Attend 10-year planni	NONE
Family and Social Services Administration Divis	Public Sector	Stat e g	Committee/Sub-committee/Work Group, Primary Decision Maki	Domesti c Vio
FSSA Division of Mental Health and Addiction	Public Sector	Stat e g	Committee/Sub-committee/Work Group, Primary Decision Maki	Substan ce Ab

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Indiana Housing an	d Community Deve	lopment A	·	COC_REG_v10	_000289
Indiana Department of Labor	Public Sector	Stat e g	Committee/Sub-committee/Work Group, Primary Decision Maki		NONE
Indiana Department of Workforce Development	Public Sector	Stat e g		Committee/Sub-committee/Work Group, Primary Decision Maki	
Indiana Department of Corrections	Public Sector	Stat e g	Committee/Sub-commit Primary Decision Maki.		NONE
Indiana Department of Veterans Affairs	Public Sector	Stat e g	Committee/Sub-commit Primary Decision Maki.		Veteran s
Housing and Urban Development	Public Sector	Othe r	Committee/Sub-commit Attend 10-year planni		NONE
Indiana Coalition on Housing and Homelessness I	Private Sector	Non- pro	Committee/Sub-commi Attend 10-year planni		NONE
Corporation for Supportive Housing	Private Sector	Fun der 	Committee/Sub-commit Attend Consolidated P.	ttee/Work Group,	NONE
Partners in Housing	Private Sector	Non- pro	Committee/Sub-committee/Work Group, Attend 10-year planni		NONE
Council of Community and Mental Health Centers	Private Sector	Hos pita	Committee/Sub-committee/Work Group		HIV/AID S
Continuum of Care Network	Private Sector	Non- pro	Committee/Sub-committee/Work Group, Attend Consolidated P		NONE
Marshall County Housing Authority	Public Sector	Publi c	Committee/Sub-committee/Work Group		NONE
City of Elkhart Housing Authority	Public Sector	Publi c	Committee/Sub-committee/Work Group		NONE
Kosciusko County Housing Authority	Public Sector	Publi c	Committee/Sub-committee/Work Group		NONE
Lafayette Housing Authority	Public Sector	Publi c	Committee/Sub-committee/Work Group		NONE
Fort Wayne Housing Authority	Public Sector	Publi c	Committee/Sub-committee/Work Group		NONE
Kokomo Housing Authority	Public Sector	Publi c	Committee/Sub-committee/Work Group		NONE
Anderson Housing Authority	Public Sector	Publi c	Committee/Sub-commit	ttee/Work Group	NONE
Terre Haute Housing Authority	Public Sector	Publi c	Committee/Sub-committee/Work Group		NONE
Bloomington Housing Authority	Public Sector	Publi c	Committee/Sub-committee/Work Group		NONE
Columbus Housing Authority	Public Sector	Publi c	Committee/Sub-committee/Work Group		NONE
Human Services, Inc.	Public Sector	Publi c	Committee/Sub-committee/Work Group		NONE
Evansville Housing Authority	Public Sector	Publi c	Committee/Sub-commit	ttee/Work Group	NONE
Charlestown Housing Authority	Public Sector	Publi c	Committee/Sub-commit	ttee/Work Group	NONE
Jeffersonvile Housing Authority	Public Sector	Publi c	Committee/Sub-commit	ttee/Work Group	NONE
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Indiana Housing ar	nd Community Develop	oment A	ent Authority COC_REG_v10_00		_000289
New Albany Housing Authority	Public Sector	Publi c	Committee/Sub-committee/Work Group		NONE
Hammond Public Schools	Public Sector	Sch ool 	Committee/Sub-committee/Work Group		Youth
Valparaiso University	Public Sector	Sch ool 	Committee/Sub-committee/Work Group		NONE
Fort Wayne Community Schools	Public Sector	Sch ool	Committee/Sub-committee/Work Group		Youth
Ivy Tech	Public Sector	Sch ool	Committee/Sub-committee/Work Group		NONE
Indiana State University	Public Sector	Sch ool	Committee/Sub-committee/Work Group		NONE
Indiana University	Public Sector	Sch ool 	Committee/Sub-committee/Work Group, Attend Consolidated P		NONE
Gary City Police Department	Public Sector	Law enf	Committee/Sub-committee/Work Group		NONE
PACT-Bradley Center	Public Sector	Law enf	Committee/Sub-committee/Work Group		NONE
Allen County Community Corrections	Public Sector	Law enf	Committee/Sub-committee/Work Group		NONE
Kokomo Police Department	Public Sector	Law enf	Committee/Sub-committee/Work Group		NONE
Johnson County Sheriff's Department	Public Sector	Law enf	Committee/Sub-committee/Work Group		NONE
Evansville Police Department	Public Sector	Law enf	Committee/Sub-committee/Work Group		NONE
Workforce Development Services	Public Sector	Loca I w	Committee/Sub-committee/Work Group		NONE
Park Center	Private Sector	Hos pita	Committee/Sub-committee/Work Group		Seriousl y Me
GarCommunity School	Public Sector	Sch ool 	Committee/Sub-committee/Work Group		Substan ce Ab
Aliveness Project	Private Sector	Non- pro	Committee/Sub-committee/Work Group		HIV/AID S, Se
America's Second Harvest	Private Sector	Non- pro	Committee/Sub-committee/Work Group		NONE
Broadway CDC	Private Sector	Non- pro	Committee/Sub-committee/Work Group		NONE
Brother's Keeper	Private Sector	Non- pro	Committee/Sub-committee/Work Group		NONE
Brothers Uplifting Brothers	Private Sector	Non- pro	· · ·		HIV/AID S
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Indiana Housing and Community Development Authority COC_REG_v10			_000289	
CAPES House	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
Claude Street Shelter	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
Corinthia Christian Center	Private Sector	Faith -b	Committee/Sub-committee/Work Group	NONE
CR Works	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
Credit Consumer Counseling Service	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
Crisis Center	Private Sector	Non- pro	Authoring agency for Consolidated Plan	Youth
East Chicago Human Rights Commission	Public Sector	Othe r	Committee/Sub-committee/Work Group	NONE
Edgewater Systems for Balanced Living	Private Sector	Non- pro	Committee/Sub-committee/Work Group	Seriousl y Me
Gary Area Veterans Administration	Public Sector	Loca I g	Committee/Sub-committee/Work Group	Veteran s
Gary Community Development Department	Public Sector	Loca I g	Committee/Sub-committee/Work Group	NONE
Gary Drug Free Coalition	Private Sector	Non- pro	Committee/Sub-committee/Work Group	Substan ce Abuse
Gary Health and Human Services Department	Public Sector	Loca I g	Committee/Sub-committee/Work Group	NONE
Gary Homeownership Opportunity Network	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
Gary Mayor's Office of Disabilities	Public Sector	Loca I g	Committee/Sub-committee/Work Group	NONE
Gary Youth Services Bureau	Public Sector	Loca I g	Committee/Sub-committee/Work Group	Youth
Glen Park CDC	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
Grants' Inc and NPI	Private Sector	Fun der 	Committee/Sub-committee/Work Group	NONE
Greater Hammond Community Services	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
Habitat for Humanity	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
Hammond Warming Centers	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE

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Indiana Housing a	and Community Develo	pment A	uthority COC_REG_v10	_000289
Haven House	Private Sector	Non- pro	Committee/Sub-committee/Work Group	Domesti c Vio
Images of Hope	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
Indiana Universtity North West	Public Sector	Sch ool 	Committee/Sub-committee/Work Group	NONE
Legacy Foundation	Private Sector	Fun der 	Committee/Sub-committee/Work Group	NONE
Lighthouse of Hope	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
Linden House	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
Nehemiah Project	Private Sector	Faith -b	Committee/Sub-committee/Work Group	NONE
New Beginnings	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
Northwest Indiana Community Action	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
Office of Community & Rural Affiars	Public Sector	Stat e g	Committee/Sub-committee/Work Group, Attend Consolidated P	NONE
Serenity House	Private Sector	Non- pro	Committee/Sub-committee/Work Group	Substan ce Abuse
Social WERX	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
Sojurner Truth House	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
South Lake Mental Health	Private Sector	Hos pita	Committee/Sub-committee/Work Group	Seriousl y Me
St. Jude's	Private Sector	Non- pro	Committee/Sub-committee/Work Group	Domesti c Vio
TriCity Mental Health	Private Sector	Non- pro	Committee/Sub-committee/Work Group	Seriousl y Me
Unity Hospice	Private Sector	Hos pita	Committee/Sub-committee/Work Group	NONE
Weed and Seed	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
Willow Glen Academy	Private Sector	Non- pro	Committee/Sub-committee/Work Group	Youth

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Indiana Housing and Community Development Authority COC_REG_v10_00				_000289
AIDS Ministries	Private Sector	Non- pro	Committee/Sub-committee/Work Group	HIV/AID S
Church Community Services	Private Sector	Faith -b	Committee/Sub-committee/Work Group	NONE
Elkhart County Community Foundation	Private Sector	Fun der 	Committee/Sub-committee/Work Group	NONE
Elkhart County Women's Shelter	Private Sector	Non- pro	Committee/Sub-committee/Work Group	Domesti c Vio
Elkhart Housing Partnership	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
Faith Mission	Private Sector	Faith -b	Committee/Sub-committee/Work Group	NONE
Goshen Interfaith Hospitality Network	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
La Casa of Goshen	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
Community Action of Northeast Indiana	Private Sector	Non- pro	Committee/Sub-committee/Work Group	Seriousl y Me
Cedars Hope	Private Sector	Non- pro	Committee/Sub-committee/Work Group	Seriousl y Me
Genesis Outreach	Private Sector	Non- pro	Committee/Sub-committee/Work Group	Substan ce Abuse
Hope House, Inc	Private Sector	Non- pro	Committee/Sub-committee/Work Group	Substan ce Abuse
Fort Wayne Women's Bureau	Private Sector	Non- pro	Committee/Sub-committee/Work Group	Substan ce Abuse
Interfaith Hospitality Network of Ft Wayne	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
Interfaith Mission, Lighthouse	Private Sector	Faith -b	Committee/Sub-committee/Work Group	NONE
Pathfinder Services	Private Sector	Non- pro	Committee/Sub-committee/Work Group, Attend Consolidated P	NONE
Vincent House	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
YWCA Lafayette	Private Sector	Non- pro	Committee/Sub-committee/Work Group	Domesti c Vio
Area IV Community Action Program	Private Sector	Fun der 	Committee/Sub-committee/Work Group, Attend Consolidated P	NONE

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Indiana Housing and Community Development Authority COC_REG_v10_00028				
Community Health Clinic	Private Sector	Hos pita	Committee/Sub-committee/Work Group	NONE
Family Services of Howard County	Private Sector	Non- pro	Committee/Sub-committee/Work Group	Domesti c Vio
Lafayette Transitional Housing	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
Lafayette Urban Ministry	Private Sector	Faith -b	Committee/Sub-committee/Work Group	NONE
Mental Health America of Tipp. County	Private Sector	Non- pro	Committee/Sub-committee/Work Group	Seriousl y Me
League of Women Voters	Private Sector	Fun der 	Committee/Sub-committee/Work Group	NONE
Rainbow Haven	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
Trinity Mission	Private Sector	Faith -b	Committee/Sub-committee/Work Group	NONE
United Way	Private Sector	Fun der 	Committee/Sub-committee/Work Group	NONE
Wabash Valley Hospital	Private Sector	Hos pita	Committee/Sub-committee/Work Group	Seriousl y Me
Alternatives	Private Sector	Non- pro	Committee/Sub-committee/Work Group	Domesti c Vio
Beauty for Ashes	Private Sector	Faith -b	Committee/Sub-committee/Work Group	NONE
Bridges Community Services	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
Center for Mental Health	Private Sector	Hos pita	Committee/Sub-committee/Work Group	Substan ce Ab
Christian Center Rescue	Private Sector	Faith -b	Committee/Sub-committee/Work Group	NONE
Dove Harbor	Private Sector	Faith -b	Committee/Sub-committee/Work Group	NONE
Grant Blackford Mental Health	Private Sector	Hos pita	Committee/Sub-committee/Work Group	Seriousl y Me
Hand of Hope	Private Sector	Faith -b	Committee/Sub-committee/Work Group	Domesti c Vio
House of Hope	Private Sector	Non- pro	Committee/Sub-committee/Work Group	Substan ce Abuse
Learning Choices	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE

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Indiana Housing an	d Community Develo	opment A	uthority COC_REG_v10	0_000289
Meridian Services	Private Sector	Non- pro	Committee/Sub-committee/Work Group	Seriousl y Me
Passageways	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
Shepherd Center	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
Stepping Stones for Veterans	Private Sector	Faith	Committee/Sub-committee/Work Group	Veteran s
A Way Home	Private Sector	Non- pro	Committee/Sub-committee/Work Group	Domesti c Vio
Council on Domestic Abuse	Private Sector	Non- pro	Committee/Sub-committee/Work Group	Domesti c Vio
Connecting Link/Sisters of Providence	Private Sector	Faith	Committee/Sub-committee/Work Group	NONE
Covenant Cooperative Ministries	Private Sector	Faith -b	Committee/Sub-committee/Work Group	NONE
Dream Center	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
Families by Choice	Private Sector	Non- pro	Committee/Sub-committee/Work Group	Domesti c Vio
First Congregational Church	Private Sector	Faith -b	Committee/Sub-committee/Work Group	NONE
Hamilton Center	Private Sector	Hos pita	Committee/Sub-committee/Work Group	Seriousl y Me
Lighthouse Mission	Private Sector	Faith -b	Committee/Sub-committee/Work Group	Seriousl y Me
Recovery Associates	Private Sector	Non- pro	Committee/Sub-committee/Work Group	Substan ce Abuse
United Cerebral Palsy	Private Sector	Fun der 	Committee/Sub-committee/Work Group	NONE
Vigo County Health Department	Public Sector	Loca I g	Committee/Sub-committee/Work Group	NONE
Bloomington Hospital Positive Link	Private Sector	Hos pita	Committee/Sub-committee/Work Group	HIV/AID S
Center for Behavioral Health	Private Sector	Non- pro	Committee/Sub-committee/Work Group	Seriousl y Me
Martha's House	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
Middle Way House	Private Sector	Non- pro	Committee/Sub-committee/Work Group	Domesti c Vio

Indiana Housing a	nd Community Devel	nity Development Authority COC_REG_v10_00		
Shalom Community Center	Private Sector	Faith -b	Committee/Sub-committee/Work Group	NONE
South Central Community Action Program	Public Sector	Publi c	Committee/Sub-committee/Work Group	NONE
Stepping Stones for Women	Private Sector	Non- pro	Committee/Sub-committee/Work Group, Attend Consolidated P	Domesti c Vio
Wellspring	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
Anchor House	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
Christian Love Help Center, Inc.	Private Sector	Faith -b	Committee/Sub-committee/Work Group	NONE
Ecumenical Assembly of Bartholomew County Chur	Private Sector	Faith	Committee/Sub-committee/Work Group	NONE
Johnson County Property Investors	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
Legal Aid District 11	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
Quinco Consulting Center	Private Sector	Hos pita	Committee/Sub-committee/Work Group	Seriousl y Me
Turning Point of Steuben County, Inc.	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
Ray Harper	Individual	Hom eles.	Committee/Sub-committee/Work Group	NONE
AIDS Resource Group	Private Sector	Non- pro	Committee/Sub-committee/Work Group	HIV/AID S
Albion Fellows Bacon Center	Private Sector	Non- pro	Committee/Sub-committee/Work Group	Domesti c Vio
Aurora	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
David Matthews Associates	Private Sector	Busi ness es	· · · · · · · · · · · · · · · · · · ·	
ECHO Community Health Care	Private Sector	Hos pita	Committee/Sub-committee/Work Group NO	
ECHO Housing Corporation	Private Sector	Non- pro	Committee/Sub-committee/Work Group NO	
Evansvill Vanderburg School Corporation	Public Sector	Sch ool 	Committee/Sub-committee/Work Group Yo	
Goodwill Industries	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
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Indiana Housing ar	nd Community Develo	pment A	uthority COC_REG_v10	_000289
House of Bread and Peace	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
Outreach Ministries	Private Sector	Faith	Committee/Sub-committee/Work Group	NONE
Ozanam Family Shelter	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
Southwestern Indiana Mental Health Center	Private Sector	Hos pita	Committee/Sub-committee/Work Group	Seriousl y Me
United Caring Shelters	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
Vet Center	Private Sector	Non- pro	Committee/Sub-committee/Work Group	Veteran s
Blue River Services	Private Sector	Non- pro	Committee/Sub-committee/Work Group	Domesti c Vio
Bridgepointe Services	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
Center for Women and Families	Private Sector	Non- pro	Committee/Sub-committee/Work Group	Domesti c Vio
Community Action of Southern Indiana	Private Sector	Non- pro	Committee/Sub-committee/Work Group, Attend Consolidated P	NONE
Community Mental Health Center, Inc.	Private Sector	Non- pro	Committee/Sub-committee/Work Group, Attend Consolidated P	Seriousl y Me
Fifth Third Bank	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
Harrison County Community Services	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
Haven House Services	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
Heart House	Private Sector	Non- pro	Committee/Sub-committee/Work Group, Attend Consolidated P	NONE
Hoosier Hills AIDS Coalition	Private Sector	Non- pro	Committee/Sub-committee/Work Group	HIV/AID S
Hoosier HillsPACT	Private Sector	Non- pro	Committee/Sub-committee/Work Group	Domesti c Vio
Housing Partnership, Inc	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
LifeSpan Resources	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
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Indiana Housing and Community Development Authority				COC_REG_v10	_000289
LifeSpring, Inc	Private Sector	Non- pro	Committee/Sub-committee/Work Group		Seriousl y Me
Metropolitan Housing Coalition	Private Sector	Fun der 	Committee/Sub-committee/Work Group		NONE
National City Bank	Private Sector	Busi ness es	Committee/Sub-commit	tee/Work Group	NONE
New Directions Housing Corp.	Private Sector	Non- pro	Committee/Sub-commit	tee/Work Group	NONE
New Hope Services, Inc.	Private Sector	Non- pro	Committee/Sub-commit	tee/Work Group	NONE
Northside Christian Church	Private Sector	Faith -b	Committee/Sub-commit	tee/Work Group	NONE
Ohio Valley Opportunities	Private Sector	Non- pro	Committee/Sub-commit	tee/Work Group	NONE
PNC Bank	Private Sector	Busi ness es	Committee/Sub-committee/Work Group		NONE
Providence Self-Sufficiency Ministries	Private Sector	Faith -b	Committee/Sub-commit Attend Consolidated P	tee/Work Group,	Youth
Rauch, Inc.	Private Sector	Non- pro	Committee/Sub-commit	tee/Work Group	NONE
Republic Bank	Private Sector	Busi ness es	Committee/Sub-committee/Work Group		NONE
Southern Indiana Asset Building Coalition	Private Sector	Fun der 	Committee/Sub-commit	tee/Work Group	NONE
St. Elizabeth's Catholic Charities	Private Sector	Faith -b	Committee/Sub-committee/Work Group		Youth
Volunteers of America	Private Sector	Non- pro	Committee/Sub-committee/Work Group		Seriousl y Me
Your Community Bank	Private Sector	Busi ness es	Committee/Sub-commit	tee/Work Group	NONE
Rays of Hope	Private Sector	Othe r	None		NONE
Housing Opportunities	Private Sector	Non- pro	Committee/Sub-commit	tee/Work Group	NONE
Porter Starke MHC	Private Sector	Non- pro	Committee/Sub-commit	tee/Work Group	Seriousl y Me
Gabriels Horn	Private Sector	Non- pro	None		NONE
N orth Central Community Action	Public Sector	Publi c	None		NONE

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Indiana Housing and Community Development Authority COC_REG_v10_				
Christian Community Action of Porter County	Private Sector	Non- pro	Attend Consolidated Plan focus groups/public forums durin	NONE
NC Indiana Rural Center	Private Sector	Othe r	None	NONE
Caring Place	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
Citizens Concerned for the Homeless	Private Sector	Non- pro	Committee/Sub-committee/Work Group	NONE
Opportunity Enterprises	Private Sector	Othe r	None	NONE
Parents and Friends	Private Sector	Othe r	None	NONE
Alice's House	Private Sector	Othe r	None	NONE
First Contact	Private Sector	Othe r	None	NONE
Salvation Army of Porter	Private Sector	Non- pro	None	NONE
Hilltop	Private Sector	Othe r	None	NONE
North Shore Health	Private Sector	Othe r	None	NONE
Valparaiso Law Clinic	Private Sector	Othe r	None	NONE
Liberty Bible Church	Private Sector	Othe r	None	NONE
Monrine House	Private Sector	Othe r	None	NONE
Porter County Aging and Community Services	Private Sector	Othe r	None	NONE
Interfaith Men's Homeless Shelter	Private Sector	Non- pro	None	NONE
Swanson Center MHC	Private Sector	Hos pita	Committee/Sub-committee/Work Group	Seriousl y Me
Dunebrook	Private Sector	Othe r	None	NONE
Coolspring Trustees	Public Sector	Othe r	None	NONE
Cass Township Trustee	Private Sector	Othe r	None	NONE
Michigan Township Trustee	Private Sector	Othe r	None	NONE
Metro Corp	Private Sector	Othe r	None	NONE
Catholic Charities of Crown Point	Private Sector	Non- pro	None	Seriousl y Me
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Indiana Housing a	nd Community Devel	lopment A	pment Authority COC_REG_v10_		0_000289
Gary Neighborhood	Private Sector	Othe r	None		NONE
East Chicago Community Health	Private Sector	Othe r	None		NONE
Methodist Hospital's	Private Sector	Hos pita	None		NONE
St. Catherine Hospital	Private Sector	Othe r	None		NONE
St. Margaret Hospital	Private Sector	Hos pita	None		NONE
St. Mary Mercy Hospital	Private Sector	Hos pita	None		NONE
Lake County Sheriff Department	Public Sector	Law enf	None		NONE
Gary Police Department	Public Sector	Law enf	None		NONE
East Chicago Police Department	Public Sector	Law enf	None		NONE
Hammond Police Department	Public Sector	Law enf	None		NONE
Indiana Legal Aide Services	Private Sector	Othe r	None		NONE
Mission of Charity	Private Sector	Othe r	None		NONE
North Township Trustee	Public Sector	Loca I g	None		NONE
Lutheran Family Charities	Private Sector	Othe r	None		NONE
YWCA Richmond	Private Sector	Non- pro	Committee/Sub-committee/Work Group		Domesti c Vio
Thirteen Step House	Private Sector	Othe r	None		NONE
AIDS Task Force	Private Sector	Non- pro	None, Attend Consolidated Plan focus groups/public forums		HIV/AID S
Noble House	Private Sector	Non- pro	Attend Consolidated Plan focus groups/public forums durin		Domesti c Vio
Community & Family Service	Private Sector	Non- pro	Committee/Sub-committee/Work Group		NONE
Rescue Ministries	Private Sector	Non- pro	None		NONE
Charis House	Private Sector	Non- pro	None		Youth
Family Crisis Shelter of Montgomery County	Private Sector	Non- pro	Committee/Sub-commit	tee/Work Group	Domesti c Vio
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Indiana Housing an	d Community Devel	opment A	uthority COC_REG_v1	0_000289
Tippecanoe Community Health Clinic	Private Sector	Othe r	None	NONE
Laf. Adult Rsrc. Acdmy	Private Sector	Othe r	None	NONE
Community & Family Resource Center	Private Sector	Othe r	None	NONE
Home with Hope, Inc	Private Sector	Othe r	None	NONE
Grace House	Private Sector	Non- pro	None	NONE
Legal Aid Corp of Tippecanoe County	Private Sector	Othe r	None	NONE
Area IV Agency	Private Sector	Othe r	None	NONE
Tippecanoe county Child Care, Inc.	Private Sector	Othe r	None	NONE
Family Services of Delaware Co - PassageWays	Private Sector	Othe r	None	NONE
Bridges Community Services, Inc - Second Wind	Private Sector	Othe r	None	NONE
Open Door Comm. Serv Greystone	Private Sector	Non- pro	None	NONE
Open Door Comm. Serv Shepherd Cntr	Private Sector	Non- pro	None	NONE
Muncie school Corp Learning Choices Alternat	Private Sector	Othe r	None	NONE
Family Services Society - Hands of Hope	Private Sector	Non- pro	Committee/Sub-committee/Work Group	Domesti c Vio
Christian Center Rescue of Grant Co	Private Sector	Othe r	None	NONE
Genesis Place	Private Sector	Non- pro	None	Veteran s
Muncie Mission	Private Sector	Faith -b	Committee/Sub-committee/Work Group	NONE
Christian Ministries of Muncie	Private Sector	Non- pro	None	NONE
BMH - Open Door Clinic	Private Sector	Othe r	None	NONE
Project Stepping Stone of Muncie	Private Sector	Non- pro	None	NONE
ACTION of Muncie & Delaware County	Private Sector	Othe r	None	NONE
Muncie Police Dept	Public Sector	Law enf	None	NONE
Delaware County Sheriff	Public Sector	Law enf	None	NONE

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Indiana Housing and Community Development Authority COC_REG_v1			_000289		
Anderson Police Dept	Private Sector	Othe r	None		NONE
Madison County Sherrif	Public Sector	Law enf	None		NONE
Grant Co. Sherrif	Public Sector	Law enf	None		NONE
Area 10 Agency on Aging	Private Sector	Othe r	None		NONE
Backstreet Mission	Private Sector	Othe r	None		NONE
Bloomington Police Dept	Private Sector	Othe r	None		NONE
Bloomington Township Trustee	Private Sector	Othe r	None		NONE
Bloomington Transit	Private Sector	Othe r	None		NONE
Community Health Services	Private Sector	Othe r	None		NONE
Community Services Center of Morgan County	Private Sector	Non- pro	Committee/Sub-committee/Work Group		NONE
Dept. of Child Services/OFC - Lawrence County	Public Sector	Stat e g	None		NONE
Dept. of Child Services/OFC - Greene County	Public Sector	Stat e g	None		NONE
Dept of Child Services/OFC - Martin County	Public Sector	Stat e g	None		NONE
Dept. of Child Services/OFC - Monroe County	Public Sector	Stat e g	None		NONE
Dept. of Child Services/OFC - Morgan County	Public Sector	Stat e g	None		NONE
Dept of Child Services/OFC - Owen County	Public Sector	Stat e g	None		NONE
Desert Rose	Private Sector	Non- pro			Domesti c Vio
District 10 Pro Bono Council	Private Sector	Othe r	None		NONE
Family Solutions	Private Sector	Othe r	None		NONE
First Steps	Public Sector	Stat e g	None		Youth
Hannah House	Private Sector	Othe r			NONE
Healthy Families/Stone Belt	Private Sector	Othe r	None		NONE
Hoosier Upland Head Start	Private Sector	Non- pro	None		Youth
IU Law School	Public Sector	Sch ool 	None		NONE

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Indiana Housing a	nd Community Devel	opment A	uthority COC_REG_v1	0_000289
Monroe County Health Department	Public Sector	Loca I g	None	NONE
Monroe County Mental Health Alliance	Private Sector	Othe r	None	NONE
Monroe County Sheriff Dept.	Public Sector	Law enf	None	NONE
Monroe County United Ministries	Private Sector	Othe r	None	NONE
Monroe County Wrap Around	Private Sector	Othe r	None	NONE
Morgan County Police Dept.	Public Sector	Law enf	None	NONE
Morgan Co Project Compass (Wrap Around)	Private Sector	Othe r	None	NONE
Purdue Extension Offices	Private Sector	Othe r	None	NONE
Rhino's Youth Club	Private Sector	Othe r	None	NONE
Roosevelt Mission	Private Sector	Non- pro	None	NONE
Salvation Army	Private Sector	Othe r	None	NONE
South Central Workforce Service	Private Sector	Othe r	None	NONE
St. Vincent de Paul	Private Sector	Othe r	None	NONE
Stepping Stones	Private Sector	Non- pro	None	Youth
The Villages, Inc.	Private Sector	Othe r	None	NONE
VITAL	Private Sector	Othe r	None	NONE
Volunteers in Medicine	Private Sector	Othe r	None	NONE
Youth Service Bureau	Private Sector	Non- pro	Committee/Sub-committee/Work Group	Youth
ACT (Addictions Counseling and Treatment) Services	Private Sector	Othe r	None	NONE
Cinergy	Private Sector	Busi ness es	None	NONE
Columbus Township Trustee	Public Sector	Loca I g	None	NONE
Indiana Legal Services	Private Sector	Othe r	None	NONE
Lincoln-Central Neighborhood Family Center	Private Sector	Othe r	None	NONE
New Directions	Private Sector	Othe	None	NONE

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Indiana Housing and Community Development Authority COC_RE			COC_REG_v10	_000289	
REMC	Private Sector	Othe r	None		NONE
Turning Point, Inc.	Private Sector	Non- pro	None		Domesti c Vio
CASEY	Private Sector	Othe r	None		NONE
Salvation Army - Lafayette	Private Sector	Non- pro	None		Domesti c Vio
Western Indiana Community Action Agency	Public Sector	Publi c	None		NONE
14th & Chestnut	Private Sector	Othe r	None		NONE
District 7 Pro Bono Program	Private Sector	Othe r	None		NONE
Legal Service Organization	Private Sector	Othe r	None		NONE
ISU Psychology Clinic	Private Sector	Othe r	None		NONE
Family Service Association of Elkhart Co	Private Sector	Non- pro	Committee/Sub-committee/Work Group		Domesti c Vio
Saint Ann's clinic	Private Sector	Othe r	None		NONE
Cummins Behavioral Health	Private Sector	Othe r	Committee/Sub-committee/Work Group		Seriousl y Me
Housing Authority City of Greencastle	Public Sector	Loca I g	None		NONE
Prevail	Private Sector	Non- pro	None		Domesti c Vio
Hamilton County Sheriff's Dept.	Public Sector	Law enf			NONE
Sheltering Wings	Private Sector	Non- pro	Committee/Sub-committee/Work Group		Domesti c Vio
Danville Police Department	Public Sector	Law enf	None		NONE
Hancock Hope House	Private Sector	Non- pro	Committee/Sub-committee/Work Group		NONE
Wayne Co./Richmond Half Way House	Private Sector	Non- pro	Committee/Sub-committee/Work Group		NONE
Richmond Police Department	Public Sector	Law enf	None		NONE
Emerge	Private Sector	Othe r	None		NONE
Helping Hands	Private Sector	Othe r	None		NONE
Transitional Housing for Homeless Families	Private Sector	Othe r	None		NONE

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Indiana Housing a	and Community Devel	opment A	uthority COC_REG_v10	0_000289
Oaklawn Housing for Homeless Families	Private Sector	Non- pro	Committee/Sub-committee/Work Group	Seriousl y Me
Otis R. Bowen Center - Mental Health Center	Private Sector	Non- pro	Committee/Sub-committee/Work Group	Seriousl y Me
Kosciusko County Shelter for Abuse (Beaman Home)	Private Sector	Othe r	None	NONE
Warsaw Police Department	Public Sector	Law enf	None	NONE
United Way - Information and Referral	Private Sector	Othe r	None	NONE
Howard County DFR	Public Sector	Stat e g	None	NONE
Coordinated Assisted Ministries	Private Sector	Non- pro	Attend Consolidated Plan focus groups/public forums durin	NONE
Howard County Trustees	Public Sector	Loca I g	None	NONE
Kokomo Rescue Mission	Private Sector	Faith -b	Committee/Sub-committee/Work Group	NONE
Gilead House	Private Sector	Othe r	None	NONE
Kinsey Youth Center	Private Sector	Othe r	None	NONE
Family Service Association	Private Sector	Non- pro	None	NONE
Family Service Association Domestic Violence Pr	Private Sector	Non- pro	None	Domesti c Vio
First City Rider	Private Sector	Othe r	None	NONE
Bona Vista	Private Sector	Othe r	None	NONE
Literacy Coalition	Private Sector	Othe r	None	NONE
Clinic of Hope	Private Sector	Othe r	None	NONE
Howard County Health Department	Public Sector	Loca I g	None	NONE
Nesting Doves	Private Sector	Othe r	None	NONE
Salvation Army/Rescue Mission	Private Sector	Non- pro	None	NONE
Richard Murzyn	Individual	Hom eles.	Committee/Sub-committee/Work Group	NONE
Imopeth M Shabazz	Individual	Hom eles.	Committee/Sub-committee/Work Group	NONE

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Indiana Housing and Community Development Authority			uthority	COC_REG_v10_	_000289
Tom Cook	Individual	Hom eles.	Committee/Sub-committee/Work Group		NONE
Vectren	Private Sector	Othe r	None		NONE
Visiting Nurse Association	Private Sector	Othe r	None		NONE
Amethyst House, Inc.	Private Sector	Othe r	None		NONE
ARK Crisis Prevention Nursery	Private Sector	Othe r	None		NONE
CAPE	Private Sector	Othe r	None		NONE
Catholic Charities - Evansville	Private Sector	Othe r	None		NONE
Evansville Goodwill Industries	Private Sector	Non- pro	Committee/Sub-commit	tee/Work Group	NONE
Deaconess Cross Point	Private Sector	Othe r	None		NONE
Evansville Blind Association	Private Sector	Othe r	None		NONE
Evansville Christian Life Center	Private Sector	Othe r	None		NONE
Evansville Rescue Mission	Private Sector	Non- pro	Committee/Sub-committee/Work Group		NONE
Evansville Vanderburgh School Corp - SICTC	Private Sector	Othe r	None		NONE
IBAP Gatekeeper	Private Sector	Othe r	None		NONE
Impact Ministries	Private Sector	Othe r	None		NONE
Ireland and Luzio	Private Sector	Othe r	None		NONE
Lampion Center	Private Sector	Othe r	None		NONE
Matthew 25	Private Sector	Othe r	None		NONE
Mission of Grace	Private Sector	Othe r	None		NONE
Momentive Consumer Credit Counseling	Private Sector	Othe r	None		NONE
Mt. Vernon Homeless Shelter, Inc.	Private Sector	Non- pro	None		NONE
Need a Ride	Private Sector	Othe r	None		NONE
Salvation Army of Richmond	Private Sector	Non- pro	None		NONE

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Indiana Housing ar	nd Community Devel	opment A	uthority COC_REG_	v10_000289
Youth First	Private Sector	Non- pro	None	Youth
YWCA of FT wayne	Private Sector	Non- pro	Committee/Sub-committee/Work Grou	p Domesti c Vio
Alcoholic Anonymous	Private Sector	Othe r	None	NONE
Batesville Ministerial Association	Private Sector	Othe r	None	NONE
Career Choices	Private Sector	Othe r	None	NONE
Catch-A-Ride	Private Sector	Othe r	None	NONE
Center for Lay Ministries, Inc.	Private Sector	Othe r	None	NONE
Charlestown Housing Authority	Private Sector	Othe r	None	NONE
Christian Formation Ministry	Private Sector	Faith -b	None	NONE
Clark Memorial Hospital	Private Sector	Hos pita	None	NONE
Comfort House	Private Sector	Othe r	None	NONE
Community Kitchen of Clark County	Private Sector	Non- pro	None	NONE
Counsel House	Private Sector	Othe r	None	NONE
Dearborn County Clearing House for Community Aid	Private Sector	Othe r	None	NONE
Dearborn County Health Dept	Public Sector	Othe r	None	NONE
Dearborn County Hospital	Private Sector	Hos pita	None	NONE
Dearborn County Ministerial Association	Private Sector	Othe r	None	NONE
Dearborn County Work One Center	Public Sector	Loca I g	Committee/Sub-committee/Work Grou	p NONE
Division of Family and Children - Floyd Co.	Public Sector	Stat e g	None	NONE
Family Health Care Center of Clark Co. Inc.	Private Sector	Hos pita	None	NONE
Family Health Center of Floyd County	Private Sector	Hos pita	None	NONE
Family Health Services	Private Sector	Othe r	None	NONE
Floyd Memorial Hospital	Private Sector	Hos pita	None	NONE
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Indiana Housing and Community Development Authority COC_REG_v10_00028					_000289
Franklin County Health Department	Private Sector	Othe r	None		NONE
GrancCare Home Health Services Hospice	Private Sector	Othe r	None		NONE
Harrison County Alternative Educatin Center	Private Sector	Othe r	None		NONE
Hillview Senior Citizens Complex	Private Sector	Othe r	None		NONE
Hoosier Uplands	Public Sector	Loca I g	Attend Consolidated Pla groups/public forums du		NONE
Interfaith Community Council, Inc.	Private Sector	Othe r	None		NONE
JCD Ministerial Association	Private Sector	Othe r	None		NONE
LifeLong Learning Center	Private Sector	Othe r	None		NONE
LifeSpring Hedden House	Private Sector	Non- pro	Committee/Sub-commit	tee/Work Group	Seriousl y Me
LifeSpring Transitional Living Program	Private Sector	Non- pro	None		Seriousl y Me
Lifetime Resources	Private Sector	Othe r	None		NONE
LifeWorks Counseling	Private Sector	Othe r	None		NONE
Lincoln Hills Development Corp	Public Sector	Publi c	Attend Consolidated Pla groups/public forums du		NONE
Lions Eye Bank - U of L	Private Sector	Othe r	None		NONE
Margaret Mary Community Hospital	Private Sector	Hos pita	None		NONE
Milan Ministerial Association	Private Sector	Othe r	None		NONE
New Albany Community Housing (CHDO)	Private Sector	Othe r	None		NONE
New Horizons	Private Sector	Othe r	None		NONE
Ohio County Health Department	Public Sector	Loca I g	None		NONE
Our Lady of Perpetual Help Church	Private Sector	Othe r	None		NONE
Our Place Drug & Alcohol Education Services, Inc.	Private Sector	Othe r	None		NONE
Parkview Psychiatric Services	Private Sector	Othe r	None		NONE
Quinco Behavioral Health System	Private Sector	Othe r	None		NONE
Recovery Care Center	Private Sector	Othe r	None		NONE

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Indiana Housing and Community Development Autho			uthority COC_REG_v10_000289		
Ripley County Health Department	Private Sector	Othe r	None		NONE
River Valley Resources	Private Sector	Othe r	None		NONE
Scalo House	Private Sector	Othe r	None		NONE
Scott Co. Clearing House	Private Sector	Othe r	None		NONE
Scott Memorial Hospital	Private Sector	Hos pita	None		NONE
Society of St. Vincent DePaul	Private Sector	Non- pro	None		NONE
Southeastern Career Center	Private Sector	Othe r	None		NONE
St. Mark's United Church of Christ	Private Sector	Non- pro	None		NONE
St. Mary's Catholic Church	Private Sector	Non- pro	None		NONE
Switzerland County Employment & Training	Private Sector	Othe r	None		NONE
Switzerland County Health Department	Private Sector	Othe r	None		NONE
Clark Co. Trustee	Public Sector	Loca I g	None		NONE
Dearborn Co. Trustee	Public Sector	Othe r	None		NONE
Floyd County Township Trustee	Public Sector	Loca I g	None		NONE
Franklin County Township Trustee	Public Sector	Loca I g	None		NONE
Harrison County Trustee	Private Sector	Othe r	None		NONE
Jefferson County Trustee	Public Sector	Loca I g	None		NONE
Ohio County Township Trustee	Public Sector	Loca I g	None		NONE
Ripley Co Trustee	Public Sector	Loca I g	None		NONE
Scott Co Trustee	Public Sector	Loca I g	None		NONE
Switzerland Co Trustee	Public Sector	Loca I g	None		NONE
Washington Co Trustee	Public Sector	Loca I g	None		NONE
Transit Authority of River City	Private Sector	Othe r	None		NONE
Vocational Rehab Services	Private Sector	Othe r	None		NONE

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Indiana Housing and Community Development Authority COC_RE				COC_REG_v10	G_v10_000289	
Wellstone Regional Hospital	Private Sector	Hos pita	None		NONE	
Safe Passage	Private Sector	Non- pro	Attend Consolidated Pla groups/public forums du		Domesti c Vio	
City of Batesville	Public Sector	Loca I g			NONE	
Howard County Community Hospital	Private Sector	Hos pita			Seriousl y Me	
City of Lafayette	Public Sector	Loca I g	Committee/Sub-commit	tee/Work Group	Seriousl y Me	

## 1E. Continuum of Care (CoC) Project Review and Selection Process

The CoC should solicit and select projects in a fair and impartial manner. For each of the following sections, select the appropriate items that indicate all of the methods and processes the CoC used in the past year to assess all new and renewal projects performance, effectiveness, and quality.

Open Solicitation Methods: (select all that apply)

b. Letters/Emails to CoC Membership, c. Responsive to Public Inquiries, d. Outreach to Faith-Based Groups, e. Announcements at CoC Meetings, f. Announcements at Other Meetings

Rating and Performance Assessment Measure(s): (select all that apply)

a. CoC Rating & Review Committee Exists, b.
Review CoC Monitoring Findings, c. Review HUD
Monitoring Findings, e. Review HUD APR for
Performance Results, f. Review Unexecuted
Grants, i. Evaluate Project Readiness, k. Assess
Cost Effectiveness, I. Assess Provider
Organization Experience, m. Assess Provider
Organization Capacity, p. Evaluate Project

Organization Experience, III. Assess Floridarion Crystalian Capacity, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, p. Review Match, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), r. Review HMIS participation

status

Voting/Decision Method(s): (select all that apply)

a. Unbiased Panel/Review Commitee

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## 1F. Continuum of Care (CoC) Housing Inventory--Change in Beds Available

For each housing type, indicate if there was an increase or reduction in the total number of beds in the 2008 electronic Housing Inventory Chart (e-HIC) as compared to the 2007 Housing Inventory Chart. If there was a change, please describe the reasons in the space provided for each housing type.

**Emergency Shelter:** Yes

### Briefly describe the reasons for the change:

There is a slight difference between the 2007 HIC (amended with HUD in Dec07) and 2008 HIC (submitted in this app). The IN CoC took advantage of HUD technical assistance, better understood definitions/classifications, especially of DV beds, and improved our data. Please note that for our utilization chart, this number is not a complete representation of utilization at the point in time. We had much higher utilization, but did not have the data available in the way HUD has requested it. We will have this data in the way requested for 2009.

Safe Haven Bed: No

### Briefly describe the reasons for the change:

No safe haven beds.

Transitional Housing: Yes

### Briefly describe the reasons for the change:

There is a slight difference between the 2007 HIC (amended with HUD in Dec07) and 2008 HIC (submitted in this app). The IN CoC took advantage of HUD technical assistance, better understood definitions/classifications, especially of DV beds, and improved our data.

Permanent Housing: Yes

### Briefly describe the reasons for the change, including changes in beds designated for chronically homeless persons:

There is a slight difference between the 2007 HIC (amended with HUD in Dec07) and 2008 HIC (submitted in this app). For singles, the number has decreased - we found as we contacted providers we had inaccurate information on their number of beds. For families, the number has almost doubled due to new permanent supportive housing coming online and improved data collection.

CoC certifies that all beds for homeless Yes persons are listed in the e-HIC regardless of HMIS participation and HUD funding:

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## 1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

Document Type	Required?	<b>Document Description</b>	Date Attached
Housing Inventory Chart	Yes	eHIC Chart - final	10/21/2008

### **Attachment Details**

**Document Description:** eHIC Chart - final

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### 1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) -**Data Sources and Methods**

#### Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Complete the following information based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The date on which the bed inventory was completed should be one day during the last ten days of January 2008.

Indicate the date on which the housing 01/23/2008 inventory count was completed: (mm/dd/yyyy)

**Indicate the type of data or methods used to** HMIS plus housing inventory survey complete the housing inventory count: (select all that apply)

Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: (select all that apply)

Instructions, Training, Updated prior housing inventory information, Follow-up, Confirmation, **HMIS** 

Must specify other:

Indicate the type of data or method(s) used to HUD unmet need formula, HMIS data determine unmet need: (select all that apply)

Specify "other" data types:

If more than one method was selected, describe how these methods were used.

HUD unmet need formula is used to determine the baseline of units needed by type. HMIS is used to confirm the accuracy of the available beds and unmet need.

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### 2A. Homeless Management Information System (HMIS) **Implementation**

#### Intructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be as of the date this application is submitted.

**Select the HMIS implementation type:** Statewide

Select the CoC(s) covered by the HMIS: IN-500 - South Bend/Mishawaka/St. Joseph

(select all that apply) County CoC, IN-502 - Indiana Balance of State

Does the CoC Lead Organization have a

written agreement with HMIS Lead

**Organization?** 

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as

CoC Lead Organization?

Has the CoC selected an HMIS software Yes

product?

If "No" select reason:

If "Yes" list the name of the product: AWARDS (Affordable Wide-Area Relational

Database System)

What is the name of the HMIS software Foothold Technology

company?

Does the CoC plan to change HMIS software

within the next 18 months?

Is this an actual or anticipated HMIS data Actual Data Entry Start Date

entry start date?

Indicate the date on which HMIS data entry

06/01/2004

started (or will start):

(format mm/dd/yyyy)

Indicate the challenges and barriers No or low participation by non-HUD funded

impacting the HMIS implementation: providers

(select all the apply):

If "None" was selected, briefly describe why CoC had no challenges or how all barriers were overcome:

Briefly describe the CoC's plans to overcome challenges and barriers:

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-No or low participation by non-HUD funded providers:
Outreach to target populations (trustees, faith based organizations, etc)
Identify Funding Sources to pay for first user fee for homeless service providers (Housing Trust Fund)

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### **HMIS Attachment**

Document Type	Required?	Document Description	Date Attached
HMIS Agreement	Yes	ICHHI & IHCDA HMI	10/17/2008

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### **Attachment Details**

**Document Description:** ICHHI & IHCDA HMIS MOU

## 2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Organization.

Organization Name Indiana Coalition on Housing and Homeless

Issues (ICHHI)

Street Address 1 324 W Morris St., Suite 202

Street Address 2

City indianapolis

State Indiana

**Zip Code** 46225

Format: xxxxx or xxxxx-xxxx

**Organization Type** Non-Profit

If "Other" please specify

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## 2C. Homeless Management Information System (HMIS) Contact Person

Prefix: Ms

First Name Holly

Middle Name/Initial L

**Last Name** Hintz

**Suffix** 

**Telephone Number:** 317-361-4854

(Format: 123-456-7890)

**Extension** 

Fax Number: 317-361-4859

(Format: 123-456-7890)

E-mail Address: hhintz@ichhi.org

Confirm E-mail Address: hhintz@ichhi.org

## 2D. Homeless Management Information System (HMIS) Bed Coverage

#### Instructions:

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

### For each housing type, indicate the percentage of the CoC's total beds (bed coverage) in the HMIS.

* Emergency Shelter (ES) Beds	65-75%
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	65-75%
* Permanent Housing (PH) Beds	76-85%

How often does the CoC review or assess its Quarterly HMIS bed coverage?

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

NA

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	_	

## 2E. Homeless Management Information System (HMIS) Data Quality

#### Instructions:

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

### Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2008.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	4%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	10%
* Disabling Condition	6%	8%
* Residence Prior to Program Entry	2%	11%
* Zip Code of Last Permanent Address	0%	7%
* Name	0%	0%

Did the CoC or subset of the CoC participate No in AHAR 3?

Did the CoC or subset of the CoC participate Yes in AHAR 4?

How frequently does the CoC review the Quarterly quality of client level data?

How frequently does the CoC review the Quarterly quality of program level data?

Describe the process, extent of assistance, and tools used to improve data quality for participating agencies.

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- -Onsite training for new staff and as requested by agencies
- -Regular attendance at Continuum Meetings for Follow-up
- -Offsite support as needed through HMIS helpdesk, email, phone, GoToMeeting -Quarterly Newsletter: Addresses Frequently asked questions and data quality issues
- -User Group Phone Calls: Addresses FAQ, Data Quality, and Reports
- -Minimum Annual Site Visit / Phone Call for each agency on key data quality issues.

## Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS.

- -Entry Dates: Agencies must enter clients within 10 days or get a backdating permit. This reduces delayed entries and increases accuracy of data entered into the system.
- -Exit Dates: Our HMIS system allows users to select a unit for each intake processed. If the unit is selected, it is not available on the intake until the client is discharged. This forces agencies to discharge clients prior to entering new clients. For supportive service programs, our organization is at the initial stages of developing policies to address exit dates. Informally, all supportive service programs with no units / beds will work with regional staff to identify the program's discharge policies. We are considering requiring supportive service organizations to submit a formal discharge policy and may consider assessing a service fee for organizations that are not compliant with their discharge policies.

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## 2F. Homeless Management Information System (HMIS) Data Usage

#### Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC uses each of the following items:

Data integration/data warehousing to Never

generate unduplicated counts:

Use of HMIS for point-in-time count of Annually

sheltered persons:

Use of HMIS for point-in-time count of Never

unsheltered persons:

**Use of HMIS for performance assessment:** Quarterly

Use of HMIS for program management: Quarterly

**Integration of HMIS data with mainstream** Never

system:

### 2G. Homeless Management Information System (HMIS) Data and Technical Standards

#### Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

### Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following standards:

* Unique user name and password	Annually
* Secure location for equipment	Annually
* Locking screen savers	Annually
* Virus protection with auto update	Annually
* Individual or network firewalls	Annually
* Restrictions on access to HMIS via public forums	Annually
* Compliance with HMIS Policy and Procedures manual	Annually
* Validation of off-site storage of HMIS data	Annually

How often does the CoC assess compliance with HMIS Data and Technical Standards?

Annually

How often does the CoC aggregate data to a Quarterly central location (HMIS database or analytical database)?

Does the CoC have an HMIS Policy and **Procedures manual?** 

If 'Yes' indicate date of last review or update 01/01/2008

by CoC:

If 'No' indicate when development of manual will be completed:

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## 2H. Homeless Management Information System (HMIS) Training

### **Instructions:**

For additional instructions, refer to the detailed instructions available on the left menu bar.

## Indicate the frequency in which the CoC or HMIS Lead offers each of the following training activities:

Privacy/Ethics training	Annually
Data Security training	Annually
Data Quality training	Quarterly
Using HMIS data locally	Quarterly
Using HMIS data for assessing program performance	Quarterly
Basic computer skills training	Monthly
HMIS software training	Monthly

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## 2I. Continuum of Care (CoC) Point-in-Time Homeless Population

#### Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. HUD requires CoCs to conduct a point-in-time count at least every two years during the last 10 days of January - January 22nd to 31st - and requests that CoCs conduct a count annually if resources allow. The last required count was in January 2007. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January in 2007 or 2008, unless a waiver was received by HUD.

There are six (6) categories of homeless populations on this form. They are:

Households with Dependent Children - Sheltered Emergency Households with Dependent Children - Sheltered Transitional

Households with Dependent Children - Unsheltered

Households without Dependent Children - Sheltered Emergency Households without Dependent Children - Sheltered Transitional

Households without Dependent Children - Unsheltered

For each category, the number of households must be less than or equal to the number of persons. For example, in Households with Dependent Children - Sheltered Emergency, the number entered for ?Number of Households? must be less than or equal to the number entered for ?Number of Persons (adults with children).?

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the date of the last PIT count: 01/25/2007

### For each homeless population category, the number of households must be less than or equal to the number of persons.

	Households with	Depender	nt Children				
	Sheltered	]		Unshe	Itered	Total	
	Emergency	Т	ransitional				
Number of Households	233		365	41			639
Number of Persons (adults and children)	682		1,082		152		1,916
	Households without	Depender	nt Children				
	Sheltered			Unshe	Itered	Total	
	Emergency	Т	ransitional				
Number of Households	1,174		715		795		2,684
Number of Persons (adults and unaccompanied youth)	1,337		777		876		2,990
	All Households/	All Perso	ns				
	Sheltered	]		Unshe	Itered	Total	
	Emergency	Т	ransitional				
Total Households	1,407		1,080		836		3,323
E	Exhibit 1		Page 5	 55	10/	24/2008	

Ir	Indiana Housing and Community Development Authority			COC_REG_v10_000289		
Total Persons		2,019	1,859		1,028	4,906

## 2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

#### Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using data from a point-in-time count conducted during the last ten days of January 2007 or January 2008. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

Complete the following information for the most recent point-in-time (PIT) count conducted using statistically reliable, unduplicated counts or estimates of homeless persons. Completion of the "Unsheltered" column is optional for all subpopulations, except for Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	102	348	450
* Severely Mentally III	383	0	383
* Chronic Substance Abuse	936	0	936
* Veterans	222	0	222
* Persons with HIV/AIDS	30	0	30
* Victims of Domestic Violence	641	0	641
* Unaccompanied Youth (under 18)	60	0	60

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## 2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

#### Instructions:

Separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Annually (every year); Biennially (every other year); Semi-annually (every six months)

How often will the CoC conduct a PIT count? Biennially

Enter the date in which the CoC plans to 01/29/2009 conduct its next annual point-in-time count: (mm/dd/yyyy)

Indicate the percentage of providers supplying population and subpopulation data collected via survey, interview, and/or HMIS.

**Emergency Shelter providers** 65%

**Transitional housing providers: 65%** 

## 2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

#### Instructions:

Survey Providers:

Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.

HMIS:

The CoC used HMIS to complete the point-in-time sheltered count.

Extrapolation:

The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at most emergency shelters and transitional housing programs.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count: (Select all that apply):

(00:000 am areas approx).	
Survey Providers:	Χ
HMIS:	Χ
Extrapolation: (Extrapolation)	
Other:	

### If Other, specify:

Describe how the sheltered population data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered count.

On January 25, 2007, homeless programs in the CoC reported their sheltered count via a web-based survey tool. Once the results were reported, the programs were cross-referenced with additional programs that collected data in the HMIS but did not report via the web-based survey. Any additional HMIS data was then combined to produce the count. From 2005 to 2007 there is a decrease in the households in transitional housing. The CoC has increased the amount of PSH in the CoC, which may be a reason for the small decrease in households in TH (almost 200 households less in 2007). The CoC continues to improve its data quality and assurance through technical assistance and trainings to the regional CoCs. Comparing 2005 and 2007 unsheltered numbers, there is a large decrease in the total number of households. We believe this is due to an improved methodology and better understanding of the definitions. In addition, HUD's guidance on PIT counts has improved our methodology.

1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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## 2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

#### Instructions:

HMIS

Only HMIS used for subpopulation data on sheltered persons (no extrapolation for missing data).

HMIS plus extrapolation:

Extrapolation to account for missing HMIS data and HUD's extrapolation tool completed.

Sample of PIT interviews plus extrapolation:

Interviews conducted with a random or stratified sample of sheltered adults and unaccompanied youth and appropriate HUD extrapolation tool completed.

Interviews:

Interviews conducted with every person staying in an emergency shelter or transitional housing program on the night of the point-in-time count.

Non-HMIS client level information:

Providers used individual client records to provide subpopulation data for each sheltered adult and unaccompanied youth for the night of the point-in-time count.

Other:

CoC used a combination of methods.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

HMIS	Χ
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation: (PIT attachment is required)	Χ
Sample Strategy:	
Provider Expertise:	
Non-HMIS client level information:	
None:	
Other:	

If Other, specify:

Describe how the sheltered subpopulation data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered subpopulation counts, particularly the chronically homeless count.

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The point in time count included a specific section where each homeless program could record the various homeless subpopulations. This information was cross-referenced with the programs reporting in HMIS that didn't report via the web-based survey tool. Any additional subpopulations data from the HMIS was then combined to produce the subpopulation information. In comparing 2005 and 2007, the subpopulations charts are very different. We believe that our improved methodology, coupled with better HMIS and count methods, resulted in a more accurate reflection of subpopulations in 2007.

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## 2N. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

#### Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the steps used to ensure the data quality of the sheltered persons count: (select all that apply)

Instructions: X
Training: X
Remind/Follow-up X
HMIS: X
Non-HMIS de-duplication techniques:
None:

If Other, specify:

Describe the non-HMIS de-duplication techniques (if Non-HMIS deduplication was selected):

Other:

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## 20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

#### Instructions:

Public places count:

Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:

Interviewed either all unsheltered persons encountered during public places count or a sample

Service-based count:

Counted homeless persons using non-shelter services based on interviews.

HMIS:

HMIS used to collect, analyze or report data on unsheltered persons.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the method(s)	used to count unsheltered	homeless persons:
(select all that apply) ^		•

Public places count:

Public places count with interviews: X

Service-based count:

HMIS:

Other:

If Other, specify:

|--|

## 2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

#### Instructions:

Complete coverage:

Every part of a specified geography (e.g. entire city, downtown area, etc.) is covered by enumerators.

Known locations:

Counting in areas where unsheltered homeless people are known to congregate or live.

Combination:

Conducting counts for every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the level of coverage of the PIT count Known Locations of unsheltered homeless people:

If Other, specify:

## 2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

#### Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count. (select all that apply)

Training:	Χ
HMIS:	
<b>De-duplication techniques:</b>	
Other:	

### If Other, specify:

Describe the techniques used to reduce duplication.

Respondents were asked if they had been surveyed previously.

Describe the CoCs efforts, including outreach plan, to reduce the number of unsheltered homeless households with dependent children.

The IN CoC in 2007 showed only 41 unsheltered families in the State. In each regional CoC, the planning body discusses and implements appropriate strategies to ensure all families receive shelter in their area. These strategies include rapidly moving families to affordable, permanent housing; utilizing emergency motel/hotel vouchers; providing access for transportation to emergency shelter; and working with school points of contact to identify homeless children and provide resources quickly.

Describe the CoCs efforts to identify and engage persons routinely sleeping on the streets and other places not meant for human habitation. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the unsheltered population (especially the chronically homeless and families with children).

The IN CoC in 2007 showed 795 unsheltered single households in the State. In each regional CoC, the planning body discusses and implements appropriate strategies to ensure all persons receive shelter in their area. These strategies include providing transportation to emergency shelter; utilizing homeless, ACT, and PATH outreach teams to identify and engage persons; and providing linkages with institutions such as hospital emergency rooms to contact outreach teams immediately for shelter/housing. From 2007 to 2005, the unsheltered singles count changed greatly (from 1238 in 2005 to 795 in 2007). We believe this is due to better data collection and quality, additional training and technical assistance, better methodology and clearer definitions, and increased permanent supportive housing availability.

|--|

### **Attachment Details**

**Document Description:** 

### **PIT Attachment**

Document Type	Required?	Document Description	Date Attached	
PIT Sample Attachment Worksheet	Yes	PIT Survey	10/19/2008	

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### **Attachment Details**

**Document Description:** PIT Survey

## 3A. Continuum of Care (CoC) 10-Year Plan, Objectives and Action Steps

## Click on the icon and add requested information for each of the national objectives.

<b>-</b>
Objective
Create new PH beds for chronically homeless persons
Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%
Increase percentage of homeless persons moving from TH to PH to at least 63.5%
Increase percentage of homeless persons employed at exit to at least 19%
Decrease the number of homeless households with children

### CoC 10-Year Plan, Objectives and Action Steps Detail

#### Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Select Objective:** Create new PH beds for chronically homeless

persons

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Implement the state's Permanent Supportive Housing Initiative to fund 120 units of supportive housing. \$2.5M will be allocated to fund permanent housing for chronically homeless.	Rodney Stockment, IHCDA
Action Step 2	Fund, support and train 10 groups to develop and operate supportive housing through the Supportive Housing Institute. The Institute will assist 4-6 organizations to develop housing, and provide project initiation and pre-development loans	Lori Philips-Steele, CSH
Action Step 3	Develop and implement the Samaritan project to serve 40 chronically homeless in key areas of the state.	Rodney Stockment, IHCDA

### **Proposed Numeric Achievements**

	%/Beds/Households
Baseline (Current Level)	210
Numeric Achievement in 12 months	270
Numeric Achievement in 5 years	400
Numeric Achievement in 10 years	600

### CoC 10-Year Plan, Objectives and Action Steps Detail

#### Instructions:

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COC\_REG\_v10\_000289

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Select Objective:** Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps
List local action steps for attaining this objective within the next 12

months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	100% of BOS CoC applicants will be trained in housing retention, asset-based case manangement; develop best practices service models; and ongoing technical assistance	Lori Philips-Steele, CSH
Action Step 2	200 Housing Choice Vouchers will be project-based for long-term and chronically homeless households	Robin Lovelace, IHCDA
Action Step 3	100 % of new PH projects will implement the Corporation for Supportive Housing's dimensions of quality to improve service standards and housing retention.	Rodney Stockment, IHCDA

### **Proposed Numeric Achievements**

	%/Beds/Households
Baseline (Current Level)	64
Numeric Achievement in 12 months	72
Numeric Achievement in 5 years	75
Numeric Achievement in 10 years	80

### CoC 10-Year Plan, Objectives and Action Steps Detail

#### **Instructions:**

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

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**Select Objective:** Increase percentage of homeless persons moving from TH to PH to at least 63.5%

### Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

# 2008 Local Action Steps List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Provide funding for housing placement and rent support for 120 units of supportive housing through the Indiana Permanent Supportive Housing Initiative.	Rodney Stockment, IHCDA
Action Step 2	Provide increased access for homeless persons to affordable housing through the 25% set-aside of the Neighborhood Stabilization funds for persons below 50% AMI. Approximately \$18,000,000 will be used to provide housing for homeless individuals throughout the State.	Rodney Stockment, IHCDA
Action Step 3	Provide increased access to affordable housing opportunities through the use of \$5,000,000 of the State's Housing Trust Fund	Sherry Seiwert, IHCDA

### **Proposed Numeric Achievements**

	%/Beds/Households
Baseline (Current Level)	64
Numeric Achievement in 12 months	69
Numeric Achievement in 5 years	70
Numeric Achievement in 10 years	75

### CoC 10-Year Plan, Objectives and Action Steps Detail

#### **Instructions:**

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Select Objective:** Increase percentage of homeless persons employed at exit to at least 19%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

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### 2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Work One, Voc Rehab and the VA center will identify 1 staff person to be a Single Point of Entry for employment activities.	Luzada Hayes, Aurora, Inc.
Action Step 2	The Mental Health Transformation work group will provide training and supported employment to 10 permanent supportive housing programs.	Robert J. Williams, PhD, Member Transformation Work Group
Action Step 3	Job Works in Region 3 will work with families in transitional housing to provide job training and find employment.	Mary Etheart, Hope House

### **Proposed Numeric Achievements**

	%/Beds/Households
Baseline (Current Level)	42
Numeric Achievement in 12 months	45
Numeric Achievement in 5 years	48
Numeric Achievement in 10 years	50

## CoC 10-Year Plan, Objectives and Action Steps Detail

#### Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Select Objective:** Decrease the number of homeless households

with children

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

#### 2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

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Indiana Housing and Community Development Authority		COC_REG_v10_000289
		Lead Person
Action Step 1	Fund and develop 72 units of supportive housing for families in 8 regions. 155 children will be served through these 72 units.	Lori Dimick, IHCDA
Action Step 2	Implement the City of Lafayette program for 25 families through HOME TBRA. This project will be worked in conjunction with Weed and Seed IDA accounts and the local school district homeless programs to ensure long-term housing stability for homeless children.	Aimee Johnson, City of Lafayette
Action Step 3	Develop and fund 25 units of rapid rehousing for families.	Luzada Hayes, Aurora Homeless Families

## **Proposed Numeric Achievements**

	%/Beds/Households
Baseline (Current Level)	639
Numeric Achievement in 12 months	600
Numeric Achievement in 5 years	500
Numeric Achievement in 10 years	200

# 3B. Continuum of Care (CoC) Discharge Planning Protocols: Level of Development

#### Instructions:

Pursuant to the McKinney-Vento Act, to the maximum extent practicable, persons dicharged from publicly funded institutions or systems of care should not be discharged into homelessness. For each system of care, the CoC should indicate the level of development for its discharge planning policy.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Foster Care Discharge Protocol: Formal Protocol Implemented

Health Care Discharge Protocol: Protocol in Development

**Mental Health Discharge Protocol:** Formal Protocol Implemented **Corrections Discharge Protocol:** Formal Protocol Implemented

## 3C. Continuum of Care (CoC) Discharge Planning Protocols: Narratives

For each system of care describe the discharge planning protocol. For additional instructions, refer to the detailed instructions available on the left menu bar.

### **Foster Care Discharge**

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

The Chafee Plan is the basis for Indiana's protocol for implementing the Foster Care Independence Act of 1999. Components of the Indian Plan address Independent Living Services for youth. The Division of Child Services conducts a comprehensive independent living assessment to identify areas of strength and challenges for youth age 14 to 18. Services provided include financial, housing, mentoring, counseling, employment, education, and other appropriate support to ensure youth live as healthy, productive and self-sufficient adults.

#### **Health Care Discharge**

For Protocol in Development, indicate the collaborating agencies/partners, the estimated date of implementation, and a brief description of the protocol being developed.

The Indiana Department of Health has a formal discharge p developing a set of recommendations for an integrated, statewide discharge policy. The Interagency Council approved a set of recommendations in 2007. The Indiana Department of Health is represented on the Interagency Council. The current discharge policy in place is as follows:

The Bureau of Quality Improvement Services is responsible for ensuring that individuals transition from state operated facilities, large private ICF, MR settings and nursing homes into a community smoothly. The process includes a minimum of one pre-transition visit and two post-transition visits. Individuals are also surveyed six months after transition regarding residential and support services. The CoC is currently working with local jurisdictions to develop appropriate discharge policies for health care systems.

#### **Mental Health Discharge**

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

The Indiana Department of Mental Health has a formal discharge policy that it currently implements as described below. However, beginning late 2006, the Interagency Council began developing a set of recommendations for an integrated, statewide discharge policy. The Interagency Council approved a set of recommendations in 2007. The Indiana Department of Mental Health is represented on the Interagency Council.

The current discharge policy is -

The Division of Mental Health and Addiction requires that the admitting mental health center remain involved in the treatment and discharge planning of individuals placed in state operated facilities. Facility staff, in conjunction with the consumer, develop the plan to ensure that the individual is not released into homelessness.

The formal protocol being implemented for individuals being discharged from the State Institutions of Care is under statute IC 12-21-2-3. Additionally, the Indiana Family and Social Services Administration Division of Mental Health and Addiction's discharge policy is being implemented since 2004.

#### **Corrections Discharge**

For Formal Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

## Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

The Indiana Department of Corrections has a formal discharge policy that it currently implements as described below. The Indiana Department of Corrections is represented on the Interagency Council.

The CoC staff continues to work closely with representatives from the Indiana Department of Corrections to develop protocols to ensure that individuals being released from correctional facilities are not discharged into homelessness. The senior executives will be participating in a Midwest Forum on re-entry on October 15, 2008. Sessions at the forum will discuss innovative solutions to ending the cycle of incarceration and homelessness through 'inreach' programs for linking people exiting corrections to the housing and supports they need. The current discharge protocol is -

The Department of Corrections requires case managers to develop individualized Re-Entry Accountability Plans that outline and coordinate the delivery of services necessary to ensure successful transition from incarceration to a community. Services include, but are not limited to: 1) enrollment in Medicaid, Food Stamps, TANF, and SSI; 2) issuance of birth certificates and BMV identification; 3) participation in workforce development programs; 4) limited rental assistance; and 5) referral to other community services.

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# 3D. Continuum of Care (CoC) Discharge Planning Protocol: Attachments

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	Indiana Departmen	10/02/2008
Mental Health Discharge Protocol	No	Indiana Discharge	10/02/2008
Corrections Discharge Protocol	No	Indiana Departmen	09/30/2008
Health Care Discharge Protocol	No		No Attachment

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### **Attachment Details**

**Document Description:** Indiana Department of Child Services Discharge

Protocol

Please Note: Any CoC that seleced "Formal Protocol Finalized" or "Formal

Protocol Implemented" must attach a copy of the protocol for the

applicable system of care in order to receive full credit.

### **Attachment Details**

**Document Description:** Indiana Discharge Planning Protocol for Mental

Health

Please Note: Any CoC that seleced "Formal Protocol Finalized" or "Formal

Protocol Implemented" must attach a copy of the protocol for the

applicable system of care in order to receive full credit.

## **Attachment Details**

**Document Description:** Indiana Department of Corrections Protocol

Please Note: Any CoC that seleced "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

## **Attachment Details**

**Document Description:** 

Please Note: Any CoC that seleced "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

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## 3E. Continuum of Care (CoC) Coordination

CoCs should coordinate, as appropriate, with any existing strategic planning groups to assess the local homeless system and identify shortcomings and unmet needs. Answer the following questions regarding coordination in the CoC.

Does the CoC's Consolidated Plan include the Yes CoC strategic plan goals to address homelessness and chronic homelessness?

If yes, briefly list a few of the goals included in the Consolidated Plan:

The Consolidated Plan has an extensive section on addressing homelessness and chronic homelessness. The primary goal remains to reduce homelessness and increasing housing stability for special needs populations. The specific goals are -

1) To create 500 units of supportive housing over the next three years through the Indiana

Supportive Housing Initiative.
2) Project base 20% (775 vouchers) of State Section 8 Housing Choice Voucher Program for permanent supportive housing projects over the next three years.

Within the CoC's geographic area, is one or more jurisdictional 10-year plan(s) being developed or implemented (separate from the CoC 10-year plan)?

Yes

**Does the 10-year plan include the CoC** Yes strategic plan goals to address homelessness and chronic homelessness?

### If yes, briefly list a few of the goals included in the 10-year plan(s):

Regional CoCs in the Indiana Balance of State CoC have developed 10-year plans to align with the State's Plan. The key goals in the plans are: (If numerical goals are indicated, the CoC is referenced, otherwise the goals are common to the regions)

- Expand the range and availability of homeless prevention strategies:
- Prevent homelessness by providing referrals through 211 service; (NE Indiana):
- Increase housing and services to move clients out of shelters in a timely manner to establish long-term housing;
- Developing a "Housing First" program for 750 households (Evansville);
- Increase the stock of affordable housing to those below 30% AMI;
- Develop 500 units of SRO housing (Evansville);
- Increase opportunities for low-skill workers to get the skills and employment to earn a living wage;
- Maximize access and resources to mainstream supports through coordinated services:
- Increase utilization of existing programs for enrolling individuals into mainstream resources.

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## 3F. Hold Harmless Need (HHN) Reallocation

#### Instructions:

CoC's that are in Hold Harmless Need status may choose to eliminate or reduce one or more of their SHP grants eligible for renewal in the 2008 CoC competition. CoC's may reallocate the funds made available through this process to create new permanent housing projects or HMIS. Reallocation projects may be SHP (1, 2, or 3 years), SPC (5 years) or Section 8 SRO (10 years). CoC's that are in Preliminary Pro Rate Need (PPRN) status are not eligible to reallocate projects. Reallocated funds cannot be used for Samaritan Housing project(s).

Refer to the NOFA for additional guidance on reallocating projects.

Is the CoC reallocating funds from No one or more expiring renewal grant(s) to one or more new project(s)?

CoC's that are in Preliminary Pro Rata Need (PPRN) status are not eligible to reallocate projects.

## 4A. Continuum of Care (CoC) 2007 Achievements

#### **Instructions:**

For the five HUD national objectives in the 2007 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Chart N of the 2007 CoC application in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the numeric achievement that you CoC attained within the past 12 months that is directly related to the relevent national objective.

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)
Create new PH beds for CH	194	Beds	210 B e d s
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	73	%	80 %
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	68	%	73 %
Increase percentage of homeless persons employed at exit to at least 18%		%	42 %
Ensure that the CoC has a functional HMIS system	65	%	73 %

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## 4B. Continuum of Care (CoC) Chronic Homeless Progress

Complete the following fields using data from the last point-in-time (PIT) count and housing inventory count. For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in your CoC for each year

Year	Number of CH Persons	Number of PH beds for the CH
2006	1,491	83
2007	450	145
2008	450	210

Indicate the number of new PH beds in place and made available for occupancy for the chronically homeless between February 1, 2007 and January 31, 2008

Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2007 and January 31, 2008.

Cost Type	HUD McKinney- Vento	Other Federal	State	Local	Private
Development	\$0	\$0	\$0	\$0	\$0
Operations	\$2,363,880	\$0	\$0	\$0	\$0
Total	\$2,363,880	\$0	\$0	\$0	\$0

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## 4C. Continuum of Care (CoC) Housing Performance

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients move to and stabilize in permanent housing.

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	74
b. Number of participants who did not leave the project(s)	239
c. Number of participants who exited after staying 6 months or longer	50
d. Number of participants who did not exit after staying 6 months or longer	199
e. Number of participants who did not leave and were enrolled for 5 months or less	29
TOTAL PH (%)	80
Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	448
b. Number of participants who moved to PH	326
TOTAL TH (%)	73

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# 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients access mainstream services and gain employment.

**Total Number of Exiting Adults: 1,629** 

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	435	27	%
SSDI	147	9	%
Social Security	8	0	%
General Public Assistance	7	0	%
TANF	126	8	%
SCHIP	93	6	%
Veterans Benefits	22	1	%
Employment Income	691	42	%
Unemployment Benefits	10	1	%
Veterans Health Care	8	0	%
Medicaid	419	26	%
Food Stamps	716	44	%
Other (Please specify below)	156	10	%
Various			
No Financial Resources	476	29	%

The percentage values are automatically calculated by the system when you click the "save" button.

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# 4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

#### Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: http://www.energystar.gov

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative?

Are any projects within the CoC requesting funds for housing rehabilitation or new construction?

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## 4F. Continuum of Care (CoC) Enrollment and Participation in **Mainstream Programs**

**Does the CoC systematically analyze the** Yes APRs for its projects to assess and improve access to mainstream programs?

If 'Yes', describe the process and the frequency that it occurs.

The CoC and staff review all APRs for projects annually as well as prior to submission to HUD. The annual review is conducted by the CoC's Homeless Task Force. All the projects are reviewed and evaluated for their ability to provide access to mainstream resources and increase housing stability. The CoC's regional groups provide ongoing training and support on mainstream programs for the project staff. This is to ensure that the case managers and direct service staff are informed about the mainstream programs and kept apprised of changes to them.

Does the CoC have an active planning Yes committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs?

If "Yes", indicate all meeting dates in the past 12 months.

The Indiana Interagency Council has as a major goal the integration of discharge planning from various state institutions and has worked on a set of recommendations.

In the past 12 months, the group has met on the following dates for planning purposes -

5/3/07

9/26/07

11/28/07

1/30/08

5/28/08

8/20/08

Does the CoC coordinate with the State Yes Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?

Does the CoC and/or its providers have Yes specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs?

If ves, identify these staff members Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff.

If "Yes", specify the frequency of the training. Semi-annually

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## Does the CoC uses HMIS to screen for benefit No eligibility?

If "Yes", indicate for which mainstream programs HMIS completes screening.

### Has the CoC participated in SOAR training? Yes

If "Yes", indicate training date(s).

Members of the CoC's have participated in SOAR training in different regions of the state. In 2008, the CoC partnered with the state Department of Mental Health and Addiction to provide the trainings. Specific training dates and locations are:

South Bend 12/5-6/06 10/30-31/07 Indianapolis Jeffersonville 2/27-28/07 5/21-22/07 Fort Wayne Bloomington 4/24-25/08 Lafayette 5/10-11/08 South Bend 3/4-5/08 Evansville 6/4-5/08

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# 4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

## Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
Case managers systematically assist clients in completing applications for mainstream benefits.     Describe how service is generally provided:	100%
Case managers in the regional CoCs use the State's Voluntary Community Access Network, through which the case managers can assist clients in completing benefits applications online as well as by phone. Case managers also use Family Social Service Administration local offices to help clients apply for benefits. Case managers are also trained through SOAR.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	72%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3. a Indicate for which mainstream programs the form applies:	100%
The State of IN has a single application through Voluntary Community Access Network's. Applications are online and through phone application for TANF, FoodStamps, Medicaid, Hoosier Healthwise.	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
The staff follow up with the clients within 30 days of filing the applications. Providers can also call representatives of the Family and Social Services Administration to followup when there are delays or questions regarding their client applications.	

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# Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction).

Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.

Indicate the section applicable to the CoC Part B Lead Agency:

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## Part B - Page 1

## State Agencies and Departments or Other Applicants for Projects Located in Unincorporated Areas or Areas Otherwise Not Covered in Part A

1. Does your state, either in its planning and zoning enabling legislation or in any other legislation, require localities regulating development have a comprehensive plan with a "housing element?" If you select No, skip to question 4.	No
2. Does your state require that a local jurisdiction?s comprehensive plan estimate current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate, and middle income families, for at least the next five years?	No
3. Does your state's zoning enabling legislation require that a local jurisdiction's zoning ordinance have a) sufficient land use and density categories (multifamily housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped in these categories, that can permit the building of affordable housing that addresses the needs identified in the comprehensive plan?	No
4. Does your state have an agency or office that includes a specific mission to determine whether local governments have policies or procedures that are raising costs or otherwise discouraging affordable housing?	No
5. Does your state have a legal or administrative requirement that local governments undertake periodic self-evaluation of regulations and processes to assess their impact upon housing affordability address these barriers to affordability?	No
6. Does your state have a technical assistance or education program for local jurisdictions that includes assisting them in identifying regulatory barriers and in recommending strategies to local governments for their removal?	No
7. Does your state have specific enabling legislation for local impact fees? If No, skip to question 9.	No
8. If you responded Yes to question 7, does the state statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus) and a method for fee calculation?	No
9. Does your state provide significant financial assistance to local governments for housing, community development and/or transportation that includes funding prioritization or linking funding on the basis of local regulatory barrier removal activities?	No

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## Part B - Page 2

10. Does your state have a mandatory state-wide building code that a) does not permit local technical amendments and b) uses a recent version (i.e. published within the last five years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI) the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification? Alternatively, if the state has made significant technical amendment to the model code, can the state supply supporting data that the amendments do not negatively impact affordability?	No
11. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: "Smart Codes in Your Community: A Guide to Building Rehabilitation Codes" at http://www.huduser.org/publications/destech/smartcodes.html.	No
12. Within the past five years has your state made any changes to its own processes or requirements to streamline or consolidate the state?s own approval processes involving permits for water or wastewater, environmental review, or other State-administered permits or programs involving housing development. If yes, briefly describe.	No
13. Within the past five years, has your state (i.e., Governor, legislature, planning department) directly or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or panels to review state or local rules, regulations, development standards, and processes to assess their impact on the supply of affordable housing?	No
14. Within the past five years, has the state initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the states Consolidated Plan submitted to HUD? If yes, briefly describe.	No
15. Has the state undertaken any other actions regarding local jurisdiction?s regulation of housing development including permitting, land use, building or subdivision regulations, or other related administrative procedures? If yes, briefly list these actions.	No
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## Continuum of Care (CoC) Project Listing

#### **Instructions:**

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Southern Indiana	2008-09- 29 10:54:	1 Year	The Center for Wo	223,144	Renewal Project	SHP	TH	F31
Park Center Shelt	2008-09- 18 14:53:	1 Year	Indiana Housing a	122,160	Renewal Project	S+C	SRA	U60
Stepping Stones,	2008-10- 22 10:30:	1 Year	Stepping Stones,	77,307	Renewal Project	SHP	TH	F34
Transitiona I Housing	2008-09- 29 09:36:	1 Year	Pathfinder Servic	144,018	Renewal Project	SHP	TH	F38
Communit y YOUnity	2008-10- 17 16:16:	1 Year	Mental Health Ass	69,475	Renewal Project	SHP	PH	F16
HMIS	2008-10- 21 09:35:	1 Year	Indiana Coalition	364,000	Renewal Project	SHP	HMIS	F47
Hope Manor Transi	2008-10- 07 11:48:	1 Year	Blue River Servic	44,778	Renewal Project	SHP	TH	F25
Family Program	2008-09- 29 13:30:	1 Year	Lafayette Transit	73,893	Renewal Project	SHP	TH	F27
Transitiona I Livi	2008-10- 10 14:11:	1 Year	LifeSpring, Inc.	235,571	Renewal Project	SHP	TH	F40
Hedden House (HH)	2008-10- 20 11:59:	1 Year	LifeSpring, Inc.	51,135	Renewal Project	SHP	TH	F22
Supportive Servic	2008-09- 08 11:36:	1 Year	Lafayette Transit	75,337	Renewal Project	SHP	SSO	F49
Singles Program	2008-09- 30 11:44:	1 Year	Lafayette Transit	104,186	Renewal Project	SHP	TH	F21
Housing Links	2008-10- 14 15:26:	3 Years	Bloomingt on Hospi	201,551	New Project	SHP	PH	F5

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Indiana Housing and Community Development Authority							COC_REG	_v10_000289
Transitions	2008-10- 14 11:57:	1 Year	Fort Wayne Women'	89,775	Renewal Project	SHP	ТН	F17
Cedars II	2008-09- 30 22:25:	2 Years	Cedars HOPE, Inc	71,400	Renewal Project	SHP	PH	F13
IHCDA S+C II	2008-10- 21 13:16:	1 Year	Indiana Housing a	478,860	Renewal Project	S+C	TRA	U62
AIDS Permanent Su	2008-10- 02 09:22:	2 Years	AIDS Ministries/ A	71,116	Renewal Project	SHP	PH	F9
Kid Connectio n	2008-10- 07 12:45:	1 Year	Alternative s Inco	102,317	Renewal Project	SHP	SSO	F52
The Bridge Transi	2008-10- 22 14:33:	1 Year	The Stepping Ston	183,457	Renewal Project	SHP	TH	F44
McCord Transition	2008-10- 21 11:14:	1 Year	Housing Opportuni	49,450	Renewal Project	SHP	TH	F41
Goodwill S+C	2008-10- 21 13:13:	5 Years	Indiana Housing a	362,100	New Project	S+C	TRA	F2
CMHC S+C Project	2008-10- 22 11:16:	5 Years	Indiana Housing a	720,480	New Project	S+C	SRA	F3
Bartholom ew Conti	2008-09- 08 16:02:	1 Year	Human Services, Inc.	108,148	Renewal Project	SHP	SSO	F51
Family Reunificat.	2008-09- 10 20:03:	1 Year	Genesis Outreach,	42,000	Renewal Project	SHP	TH	F24
Promising Partner	2008-10- 22 07:27:	3 Years	Genesis Outreach,	851,231	New Project	SHP	PH	F7
Promising Partner	2008-10- 22 07:34:	3 Years	Genesis Outreach,	851,625	New Project	SHP	PH	F8
Creekview 2 (Perm 3)	2008-10- 03 15:54:	1 Year	Housing Opportuni	84,484	Renewal Project	SHP	PH	F12
Shepherd Center	2008-10- 02 14:17:	1 Year	Open Door Communi	102,136	Renewal Project	SHP	TH	F33
Pathways to Success	2008-09- 30 16:29:	1 Year	Vincent Village,	52,944	Renewal Project	SHP	SSO	F55
HMIS	2008-09- 30 10:07:	1 Year	City of Evansvill	75,320	Renewal Project	SHP	HMIS	F46
Hope House I Supp	2008-09- 04 10:03:	1 Year	Hope House, Inc.	64,890	Renewal Project	SHP	SSO	F48

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Indiana Housing and Community Development Authority						COC_REG_	_v10_000289	
Middle Way House/	2008-10- 22 11:41:	1 Year	Middle Way House,	171,093	Renewal Project	SHP	TH	F23
Helping HAND	2008-10- 03 09:41:	1 Year	Family Services o	44,764	Renewal Project	SHP	SSO	F56
Lawrenceb urg II P	2008-09- 30 11:58:	3 Years	Communit y Mental	882,066	New Project	SHP	PH	F4
Chance for Change	2008-09- 29 15:34:	1 Year	St. Elizabeth Cat	187,231	Renewal Project	SHP	TH	F28
Transitiona I Housing	2008-09- 08 15:14:	1 Year	Interfaith Missio	45,500	Renewal Project	SHP	TH	F20
Graystone Indepen	2008-10- 02 14:17:	1 Year	Open Door Communi	116,420	Renewal Project	SHP	TH	F42
CODA Transitiona I	2008-10- 02 14:04:	1 Year	Council on Domest	87,743	Renewal Project	SHP	TH	F45
Lucas Place	2008-09- 30 09:44:	1 Year	City of Evansvill	97,001	Renewal Project	SHP	TH	F37
Aurora Homeless O	2008-09- 30 09:48:	1 Year	City of Evansvill	191,835	Renewal Project	SHP	SSO	F50
Shelter Plus Care IV	2008-10- 21 13:18:	5 Years	Indiana Housing a	1,361,700	New Project	S+C	SRA	S1
Goodwill Family C	2008-10- 20 09:41:	1 Year	Evansville Goodwi	220,133	Renewal Project	SHP	TH	F26
Porter Starke She	2008-10- 20 08:27:	1 Year	Indiana Housing a	91,500	Renewal Project	S+C	TRA	U61
YWCA Transitiona I	2008-09- 29 17:42:	1 Year	City of Evansvill	86,865	Renewal Project	SHP	TH	F18
PH Porter County	2008-10- 21 11:09:	2 Years	Housing Opportuni	165,201	Renewal Project	SHP	PH	F11
CANI Shelter Plus	2008-09- 18 14:49:	1 Year	Indiana Housing a	289,512	Renewal Project	S+C	TRA	U59
Evansville Rapid	2008-10- 20 16:45:	3 Years	Indiana Housing a	973,136	New Project	SHP	TH	R65
Vevay I Permanent 	2008-10- 07 10:20:	2 Years	Communit y Mental	313,534	Renewal Project	SHP	PH	F10
Kosciusko County	2008-10- 21 08:11:	1 Year	Kosciusko County	37,556	Renewal Project	SHP	SH	F39

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	Indiana Housing and Community Development Authority					COC_REG_v10_000289		
Tri City Shelter	2008-10- 21 13:14:	1 Year	Indiana Housing a	101,268	Renewal Project	S+C	SRA	U57
Second Wind	2008-09- 25 14:49:	1 Year	Bridges Communit y	171,652	Renewal Project	SHP	TH	F30
Batesville Shelte	2008-10- 20 08:28:	1 Year	Indiana Housing a	67,200	Renewal Project	S+C	PRA	U58
Women In Transition	2008-09- 24 14:35:	1 Year	Amethyst House, Inc.	87,054	Renewal Project	SHP	TH	F35
Hope House/Ge nesi	2008-09- 04 09:48:	1 Year	Hope House, Inc.	133,678	Renewal Project	SHP	TH	F19
Edgewater Shelter	2008-09- 18 14:50:	1 Year	Indiana Housing a	165,936	Renewal Project	S+C	SRA	U63
Transitiona I Hous	2008-09- 08 16:06:	1 Year	Human Services, Inc.	36,588	Renewal Project	SHP	SSO	F54
Transitiona I Hous	2008-10- 03 09:32:	1 Year	Family Services o	46,856	Renewal Project	SHP	TH	F43
Martinsvill e Plaz	2008-10- 06 18:38:	1 Year	Centerston e of In	37,968	Renewal Project	SHP	PH	F15
HETSS II	2008-10- 09 18:22:	2 Years	CRWorks, Inc	536,058	New Project	SHP	PH	F6
Phoenix Apartment	2008-09- 26 14:57:	1 Year	Edgewater Systerm	119,023	Renewal Project	SHP	PH	F14
Transitiona I Hous	2008-10- 20 16:17:	1 Year	Salvation Army	158,247	Renewal Project	SHP	TH	F29
United Caring Apa	2008-09- 30 09:30:	1 Year	City of Evansvill	60,424	Renewal Project	SHP	TH	F36
Vincent Village	2008-09- 30 16:45:	1 Year	Vincent Village,	48,451	Renewal Project	SHP	SSO	F53
Passage Way	2008-10- 17 11:46:	1 Year	A Better Way Serv	149,617	Renewal Project	SHP	TH	F32
SCCMHC S+C	2008-10- 21 10:46:	1 Year	City of Bloomingt.	57,048	Renewal Project	S+C	SRA	U64

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## **Budget Summary**

**FPRN** \$9,779,826

Rapid Re-Housing \$973,136

Samaritan Housing \$1,361,700

**SPC Renewal** \$1,373,484

Rejected \$0